

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 16-30, 2007**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
<div style="display: flex; justify-content: space-between;"><div>* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application</div><div>* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</div><div>* If Revision, select appropriate letter(s): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>* Other (Specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div></div></div>		
<div style="display: flex; justify-content: space-between;"><div>* 3. Date Received: Completed by Grants.gov upon submission.</div><div>4. Applicant Identifier: 43462</div></div>		
<div style="display: flex; justify-content: space-between;"><div>5a. Federal Entity Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></div><div>* 5b. Federal Award Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></div></div>		
State Use Only:		
<div style="display: flex; justify-content: space-between;"><div>6. Date Received by State: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></div><div>7. State Application Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></div></div>		
8. APPLICANT INFORMATION:		
<div style="display: flex; justify-content: space-between;"><div>* a. Legal Name: The Regents of the University of California</div><div style="border: 1px solid black; padding: 5px; text-align: center;">RECEIVED NOV 16 2007 STATE CLEARING HOUSE</div></div>		
<div style="display: flex; justify-content: space-between;"><div>* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2226405</div><div>* c. Organizational DUNS: 046705849</div></div>		
d. Address:		
<div style="display: flex; justify-content: space-between;"><div>* Street1: 300 University Tower Street2: * City: Irvine County: * State: CA: California Province: * Country: USA: UNITED STATES * Zip / Postal Code: 92697-7600</div><div style="border: 1px solid black; height: 20px; width: 100%;"></div></div>		
e. Organizational Unit:		
<div style="display: flex; justify-content: space-between;"><div>Department Name: Office of Research Adminstr.</div><div>Division Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></div></div>		
f. Name and contact information of person to be contacted on matters involving this application:		
<div style="display: flex; justify-content: space-between;"><div>Prefix: Ms. Middle Name: * Last Name: Fischer Suffix:</div><div>* First Name: Gillian</div></div>		
Title: Contract & Grant Officer		
Organizational Affiliation: The Regents of the University of California		
<div style="display: flex; justify-content: space-between;"><div>* Telephone Number: 949-824-2644</div><div>Fax Number:</div></div>		
* Email: gffischer@uci.edu		

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.473

CFDA Title:

Coastal Services Center

* 12. Funding Opportunity Number:

NOS-GSC-2008-2001080

* Title:

FY 2008 Oceana and Human Health Initiative, External Grants Program

13. Competition Identification Number:

2078771

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

* 15. Descriptive Title of Applicant's Project:

Recreational Illness and Pathogen Surveillance in the Southern California Coastal Ocean

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-048

* b. Program/Project CA-048

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Date of Update: 11/15/2007

New Attachment: 0

17. Proposed Project:

* a. Start Date: 07/01/2008

* b. End Date: 06/30/2010

18. Estimated Funding (\$):

* a. Federal	260,540.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	260,540.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 11/15/2007☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

Explanation:

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms. * First Name: Gillan

Middle Name:

* Last Name: Fischer

Suffix:

* Title: Contract and Grant Officer

* Telephone Number: 949-824-2644

Fax Number:

* Email: gfischer@ucl.edu

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED		Applicant Identifier	
<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Tuolumne Utilities District		Organizational Unit: Department			
Organizational DUNS: 07-187-1248		Division:			
Address: Street: 18885 Nugget Blvd.		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: (209) 532-5536 x520			
City: Sonora		First Name: Erik			
County: Tuolumne		Middle Name: Daniel			
State: California		Last Name: Johnson			
Zip Code: 95370		Suffix:			
Country: United States of America		Email: erikj@tuolumneutilities.com			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0313842		Phone Number (give area code) (209) 532-5536 ext. 520		Fax Number (give area code) (209) 536-6485	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) G: Special District Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760		9. NAME OF FEDERAL AGENCY: USDA Rural Development			
TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Big Hill Water System Improvements: West Big Hill Water Distribution - Phases 1, 2, & 3. (see attached project narrative)			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated areas of Tuolumne County		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 19th (Nineteenth) b. Project 19th (Nineteenth)			
13. PROPOSED PROJECT Start Date: 1-31-08 Ending Date: 01-31-10		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 8, 2007 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
a. Federal	\$	2,468,018			
b. Applicant	\$	21,818			
c. State Ca. Prop. 13	\$	800,854			
d. Local	\$				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$	3,290,690			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name Peter		Middle Name J.	
Last Name Kampa		Suffix			
b. Title General Manager		c. Telephone Number (give area code) (209) 532-5536			
d. Signature of Authorized Representative		e. Date Signed 11-14-07			

Previous Edition Usable
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NOV 16 2007

STATE CLEARING HOUSE

Standard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* a. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

RECEIVED

State Use Only:

NOV 19 2007

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

STATE CLEARING HOUSE

* a. Legal Name: CALIFORNIA PUBLIC UTILITIES COMMISSION

* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-3031353

* c. Organizational DUNS:

947393922

d. Address:

* Street1:

505 Van Ness Ave.

Street2:

* City:

San Francisco

County:

San Francisco

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94102

e. Organizational Unit:

Department Name:

CALIFORNIA PUBLIC UTILITIES CO

Division Name:

Consumer Protection & Safety Div

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

* First Name:

Raffy

Middle Name:

* Last Name:

Stepanian

Suffix:

Title:

Program Manager

Organizational Affiliation:

* Telephone Number:

213-576-7019

Fax Number:

* Email:

RST@cpuc.ca.gov

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Pipeline & Hazardous Material Safety Administration

11. Catalog of Federal Domestic Assistance Number:

20.700

CFDA Title:

Pipeline Safety

* 12. Funding Opportunity Number:

PHMSA-PHP-ONECALL

* Title:

PHMSA Pipeline State Program One Call Grant

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

* 15. Descriptive Title of Applicant's Project:

CALIFORNIA PUBLIC UTILITIES COMMISSION One Call Projects

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 12

* b. Program/Project CA-ALL

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 01/01/2008

* b. End Date: 12/31/2008

18. Estimated Funding (\$):

* a. Federal	50,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	50,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 11/19/2007 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. * First Name: Sunil

Middle Name:

* Last Name: Shari

Suffix:

* Title: Utilities Engineer

* Telephone Number: 415-703-2407 Fax Number: 415-703-1891

* Email: SKS@cpuc.ca.gov

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☒ Preapplication
☐ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

RECEIVED

NOV 21 2007

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Resource Conservation District of Santa Cruz County

* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-0000-534

* c. Organizational DUNS:

146204874

d. Address:

* Street1: 820 Bay Avenue, Suite 128

Street2:

* City: Capitola

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95010

e. Organizational Unit:

Department Name:

N/A

Division Name:

N/A

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.

* First Name: Karon

Middle Name:

* Last Name: Christensen

Suffix:

Title: Executive Director

Organizational Affiliation:

* Telephone Number: 831 464-2950

Fax Number: 831 475-3215

* Email: kchristensen@rcdsantacruz.org

OMB Number: 4040-0024
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

0. Type of Applicant 1: Select Applicant Type:

D. Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

05.439

CFDA Title:

Targeted Watersheds Grants

* 12. Funding Opportunity Number:

EPA-R9-WTR3-07-006

* Title:

West Coast Estuaries Initiative for the California Coast

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Santa Cruz County, California

* 15. Descriptive Title of Applicant's Project:

Reduce Polluted Runoff to Rivers, Lagoons and Ocean Beaches in Santa Cruz County

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 17, 14

* b. Program/Project 17, 14

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

17. Proposed Project:

* a. Start Date: 06/31/2008

* b. End Date: 08/30/2011

18. Estimated Funding (\$):

* a. Federal	1,000,000.00
* b. Applicant	291,944.00
* c. State	743,260.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,035,200.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 11/19/2007.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 210, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix Ms. * First Name: Karen

Middle Name:

* Last Name: Christensen

Suffix:

* Title: Executive Director

* Telephone Number: 831 464-2050

Fax Number: 831 475-3216

* Email: kehrlstensen@redsanlacruz.org

* Signature of Authorized Representative:

* Date Signed: Completed by Grants.gov open submission.

11/16/07

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application
☐ Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 808034461

* Legal Name: Silk Software Corp

Department:

Division:

* Street1: 2522 Chambers Road

Street2: Suite 101

* City: Tustin

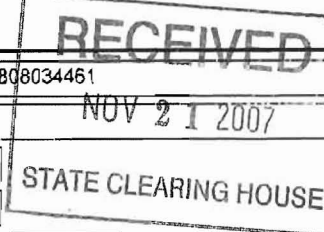
County:

* State: CA: Californ

Province:

* Country: UNITED ST

* ZIP / Postal Code: 92780



Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Tina

Zheng

* Phone Number: 714-697-9733

Fax Number: 714-460-6489

Email: tzheng@silkssoftware.biz

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

208639700

7. * TYPE OF APPLICANT:

R: Small Business

8. * TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☒ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

A Modeling Program for Electronic Devices in the Quantum Limit

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Tustin, Orange County, California

13. PROPOSED PROJECT:

* Start Date

* Ending Date

03/01/2008

12/01/2008

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

48, CA

48, CA

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Xiaoguang

Zhang

Position/Title: Senior Research Staff

* Organization Name: Oak Ridge National Laboratory

Department:

Division:

Computer Science & Mathematics

* Street1: 1 Bethel Valley Rd

Street2:

* City: Oak Ridge

County:

* State: TN: Tennes

Province:

* Country: UNITED ST

* ZIP / Postal Code: 37830

* Phone Number: (865) 241-0200

Fax Number:

* Email: xgz@ornl.gov

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2****16. ESTIMATED PROJECT FUNDING**

a. * Total Estimated Project Funding 100,000.00
b. * Total Federal & Non-Federal Funds 100,000.00
c. * Estimated Program Income 100,000.00

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 11/21/2007

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Tina Middle Name: * Last Name: Zheng Suffix:
* Position/Title: Executive VP * Organization: Silk Software Corp
Department: Division:
* Street1: 2522 Chambers Road Street2: Suite 101
* City: Tustin County: * State: CA: Californ
Province: * Country: UNITED ST. * ZIP / Postal Code: 92780
* Phone Number: 714-697-0733 Fax Number: * Email: tzheng@silksoftware.biz

*** Signature of Authorized Representative**

Completed on submission to Grants.gov

*** Date Signed**

Completed on submission to Grants.gov

20. Pre-application

Details Attachment

View Attachment

21. Attach an additional list of Project Congressional Districts if needed.

congressional dist.doc

Add Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Loyalton		Organizational Unit: Department: Municipality	
Organizational DUNS: Address: Street: P.O. Box 128 City: Loyalton County: Sierra State: California		Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Raymond Middle Name: Carl Last Name: Kruth Suffix: Email: kruth@ecologic-eng.com	
Zip Code: 96118 Country: USA		Phone Number (give area code): (775) 850-7146 Fax Number (give area code): (775) 827-2316	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 3 6 4		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 1 0 - 7 6 6		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Loyalton 2007 Wastewater Collection, Treatment, and Effluent Disposal	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Loyalton, Sierra County, CA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Ca's 4th Congressional District b. Project Same as applicant	
13. PROPOSED PROJECT Start Date: 9/01/2008 Ending Date: 03/15/2009		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 11/21/2007 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ 4,592,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: Last Name: Hudson Title: Mayor Signature of Authorized Representative:			
First Name: Michael Middle Name: Suffix:		c. Telephone Number (give area code): (530) 993 - 6750 e. Date Signed: 11-14-07	

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

NOV 15 2007

ECO:LOGIC - DENO

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Applicant <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 11/16/07 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier State Application Identifier Federal Identifier <div style="border: 2px solid black; padding: 5px; text-align: center; margin-top: 10px;"> RECEIVED NOV 26 2007 STATE CLEARING HOUSE </div>																												
5. APPLICANT INFORMATION Legal Name: <u>Floriston Property Owners Assoc</u> Organizational DUNS: _____		Organizational Unit: Department: _____ Division: _____																													
Address: Street: <u>22211 Tamarack St</u> City: <u>Floriston CA</u> County: <u>Nevada</u> State: <u>CA</u> Zip Code: <u>96111</u> Country: <u>USA</u>		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <u>Mr</u> First Name: <u>Darin</u> Middle Name: <u>Carson</u> Last Name: <u>Bue</u> Suffix: _____ Email: <u>darinbue@sbcglobal.net</u>																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-1532762</u>		Phone Number (give area code) <u>775 232 8243</u> Fax Number (give area code) <u>538 582 0807</u>																													
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) _____		7. TYPE OF APPLICANT: (See back of form for Application Types) <u>Not for Profit org.</u> Other (specify) <u>0</u>																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): <u>10-763</u> <u>10-760</u>		9. NAME OF FEDERAL AGENCY: <u>USDA Rural Development</u> 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Replacement of outdated water mains/service laterals</u>																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Town of Floriston</u>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>2nd</u> b. Project <u>2nd</u>																													
13. PROPOSED PROJECT Start Date: <u>5/2009</u> Ending Date: <u>10/2009</u>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																													
15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:40%;">538,522</td> <td style="width:10%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>86,000</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>624,522</td> <td>.00</td> </tr> </table>		a. Federal	\$	538,522	.00	b. Applicant	\$	86,000	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	624,522	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	538,522	.00																												
b. Applicant	\$	86,000	.00																												
c. State	\$.00																												
d. Local	\$.00																												
e. Other	\$.00																												
f. Program Income	\$.00																												
g. TOTAL	\$	624,522	.00																												
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																															
a. Authorized Representative Prefix: <u>Mr</u> First Name: <u>Darin</u> Last Name: <u>Bue</u>		Middle Name: <u>Carson</u> Suffix: _____																													
b. Title <u>President F.P.O.A.</u>		c. Telephone Number (give area code) <u>775 232 8243</u>																													
d. Signature of Authorized Representative <u>Darin Bue</u>		e. Date Signed <u>11/16/07</u>																													

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

2. DATE SUBMITTED		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier	
1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		4. Federal Identifier DE-FG02-05ER15693	
5. APPLICANT INFORMATION * Organizational DUNS: 047120084 * Legal Name: Regents of the University of California Department: Office of Research Division: Sponsored Programs * Street1: 1850 Research Park Drive Street2: Suite 300 * City: Davis County: Yolo * State: CA: California Province: * Country: UNITED ST * ZIP / Postal Code: 95618 Person to be contacted on matters involving this application Prefix: * First Name: Suzanne Middle Name: * Last Name: Iwatate Suffix: * Phone Number: 530-747-3912 Fax Number: 530-747-3929 Email: vcresearch@ucdavis.edu			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 94-8036494		7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education Other (Specify): Small Business Organization Type Women Owned Socially and Economically Disadvantaged	
8. * TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (Specify): * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		9. * NAME OF FEDERAL AGENCY: Chicago Service Center 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049 TITLE: Office of Science Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Adding Reactivity to Structure---Kinetics of Oxygen-Isotope Exchanges at Structural Sites in Nanometer-Size Aqueous Molecules			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) US-ALL			
13. PROPOSED PROJECT: * Start Date 10/01/2008 * Ending Date 09/30/2011		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant CA-001 b. * Project CA-001	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION Prefix: * First Name: William Middle Name: * Last Name: Casey Suffix: Position/Title: Professor * Organization Name: University of California, Davis Department: Chemistry Division: College of Letters & Science * Street1: One Shields Avenue Street2: Suite 300 * City: Davis County: Yolo * State: CA: California Province: * Country: UNITED ST * ZIP / Postal Code: 95616 * Phone Number: 530-752-3211 Fax Number: 530-752-8995 Email: whcasey@ucdavis.edu			

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding 477,072.00		a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. * Total Federal & Non-Federal Funds 477,072.00		DATE: 11/30/2008	
c. * Estimated Program Income 0.00		b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)			
<input checked="" type="checkbox"/> * I agree			
* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
19. Authorized Representative			
Prefix:	* First Name:	Middle Name:	* Last Name: Suffix:
Ms.	Bernadine		Smith
* Position/Title:	Contracts & Grants Officer	* Organization:	Regents of the University of California
Department:	Office of Research	Division:	Sponsored Programs
* Street1:	1850 Research Park Drive	Street2:	Suite 300
* City:	Davis	County:	Yolo
* State:	CA; Califon		
Province:		* Country:	UNITED ST
* ZIP / Postal Code:	95618		
* Phone Number:	530-747-3908	Fax Number:	530-747-3929
* Email:	vcresearch@ucdavis.edu		
* Signature of Authorized Representative		* Date Signed	
Completed on submission to Grants.gov		Completed on submission to Grants.gov	
20. Pre-application			
		Add Attachment	Delete Attachment
21. Attach an additional list of Project Congressional Districts if needed.			
		Add Attachment	Delete Attachment
		View Attachment	

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Change / Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
* 3. Date Received: Completed by Grants.gov upon submission.		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
4. Applicant Identifier: <input type="text"/>		
5a. Federal Entity Identifier: R9 Tracking #07-416		* 5b. Federal Award Identifier: <input type="text"/>
State Use Only:		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
8. APPLICANT INFORMATION:		
* a. Legal Name: County of Orange Health Care Agency		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000328		* c. Organizational DUNS: 024156155
d. Address:		
* Street1: 1241 E. Dyer Road, Suite 120		
Street2: <input type="text"/>		
* City: Santa Ana		
County: Orange		
* State: CA		
Province: <input type="text"/>		
* Country: USA		
* Zip / Postal Code: 92705		
e. Organizational Unit:		
Department Name: Health Care Agency		Division Name: Environmental Health
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.		* First Name: Richard
Middle Name: <input type="text"/>		
* Last Name: Sanchez		
Suffix: <input type="text"/>		
Title: Director of Environmental Health		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: (714) 433-6471		Fax Number: (714) 751-1732
* Email: risanchez@ochca.com		

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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STATE CLEARING HOUSE

* 10. Name of Federal Agency:

Environmental Protection Agency Region 9

11. Catalog of Federal Domestic Assistance Number:

66.802

CFDA Title

Superfund Site Specific Cooperative Agreements

* 12. Funding Opportunity Number:

EPA-R9-07-416

* Title:

Palos Verdes Shelf Institutional Controls Program - White Croaker Market Inspection Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

County of Orange

* 15. Descriptive Title of Applicant's Project:

Palos Verdes Shelf Institutional Controls Program - White Croaker Market Inspection Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-040,44,46,47,48

* b. Program/Project CA-040,44,46,47,48

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 12/01/07

* b. End Date: 11/30/10

18. Estimated Funding (\$):

* a. Federal	\$43,967.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$43,967.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 11/28/07☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

Explanation

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr.

* First Name: Richard

Middle Name:

* Last Name: Sanchez

Suffix:

* Title: Director of Environmental Health

* Telephone Number: (714) 433-6471

Fax Number: (714) 754-1732

* Email: risanchez@ochca.com

* Signature of Authorized Representative: *Richard Sanchez*

* Date Signed: 11/28/07

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

11/26/2007

Applicant Identifier

3. DATE RECEIVED BY STATE

11/26/2007

State Application Identifier

RECEIVED

NOV 27 2007

1. * TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application
☐ Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 786311030

* Legal Name: Potter Drilling, LLC

Department:

Division:

* Street1: 15 Stein Am Rhein Court

Street2:

* City: Redwood City

County: San Mateo County

* State: CA: Califor

Province:

* Country: UNITED STATES

* ZIP / Postal Code: 94063

Person to be contacted on matters involving this application

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Mr.

Jared

M.

Potter

PhD

* Phone Number: 650-701-1737

Fax Number: 650-701-1741

Email: jared@potterdrilling.com

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

68-0585082

7. * TYPE OF APPLICANT:

R: Small Business

8. * TYPE OF APPLICATION: ☒ New

- ☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

- ☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration

- ☐ D. Decrease Duration ☐ E. Other (specify)

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Non-Rotating Drilling for Geothermal Energy Development

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

California

13. PROPOSED PROJECT:

* Start Date

* Ending Date

06/19/2008

03/18/2009

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

8th

8th

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Dr.

Jared

M.

Potter

Position/Title: General Manager

* Organization Name: Potter Drilling, LLC

Department:

Division:

* Street1: 15 Stein Am Rhein Court

Street2:

* City: Redwood City

County: San Mateo County

* State: CA: Califor

Province:

* Country: UNITED STATES

* ZIP / Postal Code: 94063

* Phone Number: 650-701-1737

Fax Number: 650-701-1741

* Email: jared@potterdrilling.com

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION

OR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding 100,000.00

b. * Total Federal & Non-Federal Funds 0.00

c. * Estimated Program Income 0.00

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 11/27/2007

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Mr. Jared M. Potter PhD

* Position/Title: Manager * Organization: Potter Drilling, LLC

Department: Division:

* Street1: 15 Stein Am Rhein Court Street2:

* City: Redwood City County: San Mateo County * State: CA: California

Province: * Country: UNITED STATES * ZIP / Postal Code: 94063

* Phone Number: 650-701-1737 Fax Number: 650-701-1741 * Email: jared@potterdrilling.com

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

Add Attachment

21. Attach an additional list of Project Congressional Districts if needed.

SF424_Congressional District Reps.pdf

Delete Attachment

View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

